

**NEBRASKA DDD WAIVER WORK GROUP: HOME & COMMUNITY BASED SERVICES WORK GROUP QUALITY IMPROVEMENT**  
**MARCH 30, 2016**

**Participants:**

Scott Hartz; Mary Conaway; Pam Hovis; Sue Spitzer; Michelle Waller; Shannon Peterson; Elton Edmond; Brad Wilson; Rebecca Kempkes; Carla Lasley; Mary Ann Schiefen, Parent; Caretech, Inc.; Ladonna Shippen; Leslie Bishop Hartung; Bev Mayfield; Mark Smith; Wendy Hanshaw; Yvette Anguiano; Kris Hess-Tevis; Mary Lawson; Jason Valenskey; Larry Wee.

**On the Phone:** Frank Velinsky; ILC; Kathy Clement; Darla Ramsey; Brad Murens; Cheryl Montgomery; Amy Nutter; Elizabeth Wysocki; Elizabeth Wollman.

**Notes Recorder:** Mary M. Conaway

**Next Meeting (date/time):** April 13, 2016, Agenda to be issued prior to meeting.

**Agenda:**

- **Introductions;**
- **Sub assurance/performance spreadsheet;**
- **Appendix D-Participant-Centered Planning & Service Delivery (continued);**
- **Appendix F-Participant Rights**
- **Appendix G-Participant Safeguards**
- **Appendix H-Quality Improvement Strategy**
- **Appendix I-Financial Accountability**

Topic	Person Responsible	Discussion	Action Item
Introductions	Scott Hartz	Everyone introduced themselves around the room.	
Appendix D: b) The State monitors service plan development in accordance with its policies and procedures.	Scott Hartz	1) Total number of service plans reviewed the number of plans that have been determined to be written in accordance with identified DDD policies and procedures. 2) Department Review Tool; ISP/IFSP has been determined to meet the minimum DDD standards: Sampling Approach: 100% Review, quarterly or as determined by DD QI committee and/or DD Deputy Director.	None
Appendix D: c) Service plans are updated/revised at least annually or when warranted by	Scott Hartz and Group Discussion	1) Total number of service plans developed by the team annually and reviewed semi-annually. Ongoing and continuously following each annual service plan team meeting. (100% Review)	1) None. 2) CMS states that this performance measure does not adequately address this issue, it only addresses revisions due to a change in a person's needs, not the

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changes in the waiver participant's needs.		2) Total number of service plans developed each year. The number of plans are revised due to a change in a person's needs. Ongoing and continuously following each review of the service plan. (100% Review)	percent of service plans that need to be revised or were revised. Clarification is needed to see what change were made: Therap report is to track the number of changes needed or revised to the service plans for any reason: Yes or No if changed for any reason; % of files reviewed. More detail is needed.
Appendix D: d) Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.	Scott Hartz and Group Discussion	1) Total number of service plan reviews that indicate the authorized units match the state's electronic authorization and billing system. Ongoing and continuously following each review of the service plan. (100% Review)  2) Total number of approved service plans that reflect services were authorized as specified in the plan. Ongoing and continuously following each review of the service plan. (100% Review)	None
Appendix D: e) Participants are afforded choice: between/among waiver services and providers	Scott Hartz and Group Discussion	1) Number and percent of new waiver participants each year whose records contain an appropriately completed and signed Consent/Request for Services form which offered a choice between institutional and waiver services. Ongoing and continuously following each review of the service plan applicable to the initiation of the waiver and with each initial waiver eligibility determination. (100% Review)  2) Number and percent of new waiver participants or their legal guardian if applicable, that participated in making a choice of waiver providers. Ongoing and continuously following each review of the service plan applicable to the initiation of the waiver and with each initial waiver eligibility determination. (100% Review)	None

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Appendix F-1 Opportunity to Request a Fair Hearing	Scott Hartz and Group Discussion	<p>3) The total number of individual and family pre-service plan meetings conducted annually, the number of meetings that reflect the waiver participant was afforded choice between/among waiver providers.</p> <p>1) Procedures for offering opportunity to request a fair hearing. Describe how the individual or his/her legal representative is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.</p> <p>2) Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.</p>	<p>1. Specify the timeframe in which notice(s) are provided. Pam Hovis: (2 business days)</p> <p>2. Specify if the IDR process and timeline is identified and explained in the notice.</p> <p>3. Note the IDR process cannot replace the individual's right to a fair hearing.</p> <p>4. Explain the statement the IDR "staying appeals process".</p> <p>5. Pam Hovis: Also, explain to the Client that the IDR can be waived if requested and they can go straight to an Appeals Hearing.</p> <p>Additional item: Clarify 90 day timeline and the timeline for appealing our decision as laid out in the operational guidelines.</p>
Appendix F-2 Additional Dispute Resolution Process	Scott Hartz and Group Discussion	<p>1) Availability of Additional Dispute Resolution Process: Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair hearing.</p> <p>2) Description of Additional Dispute Resolution Process including:</p> <p style="padding-left: 40px;">a. The State agency that operates the process;</p>	<p>1. Communicate the length of time to request a fair hearing.</p> <p>2. Data that the State collects on the IDR utilization and the number of decisions that continue through to a fair hearing needs to be put in more understandable language.</p>

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		<ul style="list-style-type: none"> <li>b. The nature of the process (i.e., procedures and times frames), including the types of disputes addressed through the process; and</li> <li>c. How the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.</li> </ul>	
Appendix F-3 State Grievance/Complaint System	Scott Hartz and Group Discussion	<ul style="list-style-type: none"> <li>1) Operation of Grievance/Complaint System. Y/N</li> <li>2) Operational Responsibility: Specify the State agency that is responsible for the operation of the grievance/complaint system.</li> <li>3) Description of Grievance/Complaint System: <ul style="list-style-type: none"> <li>a. The types of grievances/complaints that participants may register.</li> <li>b. The process and timelines for addressing them.</li> <li>c. The mechanisms that are used to resolve Grievance/Complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>1) Operational Guidelines may need updated.</li> <li>2) Since the Surveyors and complaint system were moved to Public Health the complaint system may need to be managed possibly by Service Coordination.</li> <li>3) Data may be obtained by Surveyor.</li> <li>4) Specific Data would be helpful.</li> </ul>
Appendix G: Participant Safeguards	Scott Hartz, Sue Spitser and Group Discussion	<ul style="list-style-type: none"> <li>a) The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (100% review)</li> <li>1) Out of the total number of reported incidents of suspected abuse/neglect, the number reported within the required timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>1) Bring back the two performance measures that were taken out.</li> <li>2) Add additional abuse/neglect and exploitation, unexplained death performance measures.</li> <li>3) Include the narrative of the performance measure the roll of service coordination's</li> </ul>

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		i) Incident reports	<p>monthly contacts and semi-annual monitoring.</p> <p>4) Ongoing required Provider training.</p> <p>5) Service Coordination and Disability Specialists should receive alerts.</p> <p>6) More options need to be explored.</p>
Appendix G: Participant Safeguards (cont.)	Scott Hartz and Group Discussion	<p>b) The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible. (100% review)</p> <p>1) Total number of behavioral incidents investigated, the number of citations issued as a result of the investigation.</p> <p>i) DD Surveyor/Consultant complaint investigation activities</p>	<p>1) Revise the narrative, as the state does maintain an incident management system. Need an enhanced complaint system and/or a better description of the complaint system we have in place.</p> <p>2) Review of Critical Events quarterly and annually of in house complaint system.</p> <p>3) Make clear the difference between Incident and Complaint.</p> <p>4) Use DOJ Pilot info – falls, emergency room, incident, etc. Michelle RN indicated (7) incident items were tracked for DOJ Pilot.</p> <p>5) Flag new incidents.</p> <p>6) 100% review verses sample %?</p> <p>7) Providers would like to know what types of incidents, trends, etc., that we are seeing.</p> <p>8) Providers would like to do internal training on the types of errors and trends that are occurring.</p> <p>9) Mother of a Client asked should medical error be required to be reported.</p> <p>10) Omni Training for Providers: Abuse, Neglect, Unexplained Death, etc.</p>
Appendix G: Participant Safeguards (cont.)	Scott Hartz and Group Discussion	c) The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed: (100% review)	<p>1) Revise current performance measures.</p> <p>2) Add additional performance measure questions in regards to restraints and seclusion.</p>

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		<ol style="list-style-type: none"> <li>1) Of the total number of incidents reported, the number reporting the use of restraints.</li> <li>2) Of the total number of incidents reported, the number reporting the use of seclusion.</li> <li>I) Incident reports (continuously and ongoing, as each report is reviewed).</li> </ol>	<p>Are Provider's reporting when restraints and seclusion are being used?</p> <p>3) Ask Providers for t-logs? We need to check these for key words to check data for isolation, held, etc.</p> <p>4) Does Service Coordination monitoring tool contain questions related to restraints?</p> <p>5) Of the total number of incidents reported, the number reporting the use of seclusion.</p> <p>6) Add ongoing required training for the Providers and their staff.</p>
Appendix G: Participant Safeguards (cont.)	Scott Hartz and Group Discussion	<p>d) The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver. (100% review)</p> <ol style="list-style-type: none"> <li>1) Of the total number of service coordination monitoring's, the number of monitoring's that indicate all annual medical evaluations are completed as needed.</li> </ol>	<p>1) Performance Measures need added to measure compliance with the state's overall health care standards. There are inconsistencies that have been uncovered in regards to notification and timeliness of reporting.</p> <p>2) Are health care standards being tracked? Medical exams, dental exams, PSA, breast exam.</p> <p>3) Track follow-up exams to be 100% review data.</p> <p>4) Add ongoing required training for the Providers and their staff.</p>
Appendix H: Quality Improvement Strategy-CDD Waiver	Scott Hartz and Group Discussion	The state uses 100% of a data source in reporting our performance measure data to CMS. Sampling methods may be adopted used from the A&D waiver methods.	<p>None</p> <ol style="list-style-type: none"> <li>1) How often should this information be sampled? Quarterly, Annually, Semi-annually.</li> <li>2) Who should be collecting the data?</li> <li>3) What percent should be used? Should it be based on 100%?</li> </ol>
Appendix I: Financial Accountability	Scott Hartz and Group Discussion	a) The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	1) Performance Measures need added: the proposed PM doesn't cover all aspects of the sub-assurance. Therefore the state should propose additional PMs to cover all aspects.

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		1) Number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the waiver application. (100% review)  i) Electronic service authorizations-ongoing and continuously, as each claim is reviewed prior to processing.	2) How does the State ensure that claims are paid only for services rendered? 3) How does the State ensure that claims are coded correctly? 4) How does the State ensure that services have been rendered before they are paid? 5) Non-Specialized; Specialized data.
Appendix I: Financial Accountability (cont.)	Scott Hartz and Group Discussion	b) The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.  1) On a quarterly basis, the number of authorizations that indicated the rates for waiver services were set within accordance to the approved rate methodology limits. (100% review)  i) Electronic Databases: data is collected quarterly, annually, or as determined by the DD QI Committee and/or Deputy Director.	1) We need a better explanation of what Rate Methodology is. The old language is being used. 2) Clarify how the approved service rate is assured to be developed consistent with the approved rate methodology and that the rate changes will only be made consistent with the approved rate methodology.

**Questions & Concerns March 30, 2016 meeting:**

1. Would it be possible for the Providers to train Parents/Guardians so that they could see information in Therap?
2. A parent asked about her rights as a Guardian to make decision and have it followed by the Provider; she wondered if she could take this up with the advisory board (rights, legal opinion, and responsibility)? This may be a health and safety issue, person centered issue?
3. A parent asked if it's possible for Developmental Disabilities to have an Ombudsman for support and resolution of issues. They indicated it would be helpful to have a Neutral party. A Neutral party wouldn't be afraid to say anything that might make them lose their job!

**Questions from previous meetings:**

1. What is required to receive a Waiver? (Pam Hovis-answered: Funding needs to be available before determination).
2. Is the Service Coordinator required to report to the Guardian? Pam answered when an issue of abuse or neglect.

**Considerations for 2017:**